Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  FOR FY 2009  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 555.00					Complete if Known					
					Application Number 10/626,316					
					Filing Date 7/24/2003					
					ned Inventor	Mario Reyes Salinas				
					Examiner Name		Susan E. Fernandez			
					Art Unit 1651				,	
					Attorney Docket 4369 - 031374				XX	
METHOD OF PAYM	ENT (check all	that apply)								
Check Cred	dit Card	Money Order	Nor	ie 🔲 (	Other (please id	entify):				
✓ Deposit Account	Deposit Accoun	t Number:	23-065	0	Deposit Accoun	t Name: <u>Th</u>	e Webb	Law Firm	n	
For the above	-identified depo	sit account, the	Director is	hereby au	horized to: (c	heck all that	apply)			
Charge	fee(s) indicated	below			Charge fe	e(s) indicated	below, ex	cept for the	filing fee	
Charge under 3	any additional f 37 CFR 1.16 and	ee(s) or underpa	yments of fe	e(s)	Credit any	overpaymen	ts			
WARNING: Information on	this form may bec		t card inform	ition should	not be included a	n this form. Pr	ovide credit	card		
nformation and authorizatio							***************************************			
FEE CALCULATION			CHARLES OF THE PARTY OF THE PAR	r may be	ubject to a si	urcharge.)				
1. BASIC FILING, SI				TTTO	7777 A D 7777 A	TION FEE				
	FILING FI	EES Il Entity	SEARCH I	Entity		TION FEES				
Application Type				e (\$)	Fee (\$)	Fee (\$)		Fees I	Paid (\$)	
Utility	330	82	540 2	270	220	110			, , , , , , , , , , , , , , , , , , ,	
Design	220	110	100	50	140	70		***************************************		
Plant	220	110	330	65	170	85		<del></del>		
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0		***************************************		
2. EXCESS CLAIM I	FEES								Small Entity	
Fee Description								Fee (\$)	Fee (\$)	
Each claim over 20 (inc	-	•						52	26	
Each independent claim Multiple dependent clai		ng Reissues)						220	110	
•		Extra Claims	Fee (S	١ ١	(a) Pied ee		,	390 Maltinla D	195	
16 -	20 =	0	ree (a	1 = 1	ee Paid (\$)		1	Fee (\$)	ependent Clair Fee Paid (	
HP = highest number of t			)					1.66 (3)	ree I alu (	
Indep. Claims - 3	or HP	Extra Claims	Fee (	§)	Fee Paid (\$)				-	
1 -	3 =	0	х							
HP = highest number of i	•	paid for, if greater	than 3.							
<ol><li>APPLICATION SI If the specification</li></ol>		xceed 100 shee	ts of paper	(excluding	electronically	filed sequer	ice or com	muter listin	os under	
37 CFR 1.52(e	)), the application	on size fee due i	is \$270 (\$1:	35 for small	l entity) for ea	ach additiona	l 50 sheet	s or fraction	n thereof.	
See 35 U.S.C. <u>Total Sheets</u>	41(a)(1)(G) and Extra Shee			ah additia	nal 50 or fra	-4: 4 <b>b</b>	6 YZ	(0)	17 10 · 1 / m	
	= <u>Extra Silee</u>			,	to a whole nur		<u>rec</u>	<u>e (\$)</u> _	Fee Paid (\$	
4. OTHER FEE(S)		_ / 50		_ (100110 0)	rto a whole hai	mocry .		-	T7 TD - 2-11 / 0	
Non-English Spe	cification.	S130 fee (no sm	all entity di	scount)					Fees Paid (\$	
Other (e.g., late fi			-	-	of Time				555.00	
SUBMITTED BY			<u> </u>							
			//	Regi	stration No.					
Signature						55,739	Telepho		12-471-8815	